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AUG 31 2005

I hereby certify that this correspondence is being deposited with the U.S. Postal Service as Express Mail, Receipt No. EV 419 930 556 US, in an envelope addressed to: MSFC Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: August 31, 2005

Signature:

(David R. Burns)

Docket No.: SYCS-009  
(PATENT)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re Patent Application of:  
Marc Robidas *et al.*

Application No.: 09/943,661

Art Unit: 2633

Filed: August 30, 2001

Examiner: Hanh PHAN

For: METHOD OF FAST CIRCUIT RECOVERY  
USING LOCAL RESTORATION

MS AF  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**PROPOSED AMENDMENT UNDER RESPONSE 37 CFR 1.116**

Dear Sir:

In response to the final Office Action dated May 31, 2005 (Paper No. 20050526), Applicants submit the following amendment and remarks to place the application in condition for allowance and, in the alternative, in better condition for appeal.



09.02.05

AF  
2433  
IGW

AMENDMENT TRANSMITTAL LETTER				Docket No. SYCS-009	
Application No. 09/943661-Conf. #1127		Filing Date August 30, 2001		Examiner H. Phan	
				Art Unit 2633	
Applicant(s): Marc ROBIDAS <i>et al.</i>					
Invention: METHOD OF FAST CIRCUIT RECOVERY USING LOCAL RESTORATION					
<b>TO THE COMMISSIONER FOR PATENTS</b>					
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	Claims Remaining After Amendment	Highest Number Previously Paid	Number Extra Claims Present	Rate	
Total Claims	31	- 31 =		x	
Independent Claims	3	- 3 =		x	
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					
Other fee (please specify):					
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT:</b>					0.00
<input checked="" type="checkbox"/> Large Entity <input type="checkbox"/> Small Entity					
<input checked="" type="checkbox"/> No additional fee is required for this amendment.					
<input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of \$ _____ A duplicate copy of this sheet is enclosed.					
<input type="checkbox"/> A check in the amount of \$ _____ to cover the filing fee is enclosed.					
<input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.					
<input checked="" type="checkbox"/> The Director is hereby authorized to charge and credit Deposit Account No. <u>12-0080</u> as described below. A duplicate copy of this sheet is enclosed.					
<input checked="" type="checkbox"/> Credit any overpayment.					
<input checked="" type="checkbox"/> Charge any additional filing or application processing fees required under 37 CFR 1.16 and 1.17.					
<u>David R. Burns</u> David R. Burns Attorney Reg. No.: 46,590  LAHIVE & COCKFIELD, LLP 28 State Street Boston, Massachusetts 02109 (617) 227-7400				Dated: <u>August 31, 2005</u>	
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Dated: August 31, 2005		Signature: <u>David R. Burns</u> (David R. Burns)			